From-KILPATRICK STOCKTON LLP

PTO/SB/22 (07-05)
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PETITION FOR EXTENSION OF TIME UND	Docket Number (Option				
FY 2005 (Fees pursuant to the Consolidated Appropriations A	44471/324299	CENTR			
Application Number 10/595,024	Filed December 2	0, 2005 FE			
For NON-CONTACT POSITION SENSOR					
Art Unit 2862		Examiner Aurora,	Reena		
This is a request under the provisions of 37 CFR 1.136(a application. The requested extension and fee are as follows (check ti					
	Fee	Small Entity Fee			
One month (37 CFR 1.17(a)(1))	 \$120	\$60	\$ <u>120</u>		
☐ Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$		
☐ Three months (37 CFR 1.17(a)(3)) \$1020	- \$510	\$		
Four months (37 CFR 1.17(a)(4	s)) \$1590	\$795	\$		
Five months (37 CFR 1.17(a)(5	\$2160	\$1080	\$		
The Director is hereby authorized to charge a Deposit Account Number 11-0855. I have er WARNING: Information on this form may become this form. Provide credit card information and a	nclosed a duplicate copy ne public. Credit card info	of this sheet. Armation should not be i			
I am the applicant/inventor.		•			
assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
☑ attorney or agent of record.	Registration Number 40	<u>0.339</u>			
attorney or agent under 37	CFR 1.34.				
Registration number if acting u	•				
Drunda O Yold		February 5, 20	007		
Signature Brenda O. Holmes, Esq.		404 815 6500			
Typed or printed name		Telephone Number			
	the entire interest or their reares	•			
NOTE: Signatures of all the inventors or assignees of record of the nore than one signature is required, see below.					

USPTO. Time will vary depending upon the incividual case. Any comments on the amount of time you require to complete this form second suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, PO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

PTC/SB/17 (07-06)
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Complete if Known

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Fees pursuant to the Consolidated Appr	opriations Act, 2005 (H.R. 4818).					
FEE TRANS	CMITTAL	Application Number	10/595,024	RECEIVED.		
		Filing Date	December 20, 2005	CENTRAL FAX CENTER		
for FY		First Named Inventor	Mitsuru Sekiya	FEB 0 5 2007		
Applicant claims small entity	status. See 37 CFR 1.27	Examiner Name	Aurora, Reena	1 25 0 3 2001		
	(C) 400	Art Unit	2862 .	1		
TOTAL AMOUNT OF PAYMENT	(\$) 120	Attorney Docket No.	44471/324299			
METHOD OF PAYMENT (chec	k all that apply)					
☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :						
□ Deposit Account Deposit Account Number: 11-0855 □ Deposit Account Name: Kilpatrick Stockton LLP						
For the above-identified of	seposit account, the Director	is hereby authorized to:	(check all that apply)			
Charge fee(s) indi	cated below	Cha	rge fee(s) indicated belov	w, except for the filing fee		
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH,	AND EXAMINATION FEE	ES				
	G FEES 5	SEARCH FEES	EXAMINATION			
Application Type Fee (<u>Small Entity</u> \$) Fee(\$) <u>I</u>	Small Enti: Fee(\$) Fee(\$)		Entity e(\$) Fees Paid (\$)		
Utility 300		500 250	200 100			
Design 200		100 50	130 65			
Plant 200		300 150	160 80)		
Reissue 300	150	500 250	600 300)		
Provisional 200	100	0 0	0 0	· ·		
2. EXCESS CLAIM FEES				Small Entity		
Fee Description			_	ee (\$) <u>Fee (\$)</u>		
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100						
Each independent claim over 3 Multiple dependent claims	(including Reissues)			60 180		
	a Claims Fee(\$)	Fee Paid (\$)	7	Multiple Dependent Claims		
20 or HP=	x	=		Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.						
Indep, Claims Extr	a Claims Fee(\$)	Fee Paid (\$)				
3 or HP=	×	- —				
HP = highest number of independ	ent claims paid for, if greater the	an 3.				
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). 						
Total Sheets Extra	Sheets Number of e	each additional 50 o		ee (\$) Fee Paid (\$)		
- 100 =	(50 =(round up to a whole r	iumoer) x	Enne Daid (6)		
4. OTHER FEE(S) Fees Paid (S)						
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): One Month Extension Fee 120						
Other (e.g., late filing surcharge): One Month Extension Fcc 120						
SUBMITTED BY						
Signature Bre	usla Q'dala	Registration No. (Attorney/Agont)	40,339	Telephone 404 815 6500		
	nes. Esc.	(Amortiwy agont)		Date February 5, 2007		
Name (Print/Type) Brenca O. Holn	nes, Esq.			Daile February 5, 2007		

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPYO to process) an application. Confidentistify is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gamering, preparing, and submitting the completed application farm to the USPYO. Time will vary depending upon the includius case. Any comments on the amount of time you require to complete this form amount subgressions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Treatment Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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